

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90035 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000017247**

1. Entity Name  
**KIRCHNER & ASSOCIATES, INC.**

Principal Place of Business      Mailing Address

**4905 34TH STREET SOUTH**      **4905 34TH STREET SOUTH**  
**UNIT 285**      **UNIT 285**  
**SAINT PETERSBURG FL 33711**      **SAINT PETERSBURG FL 33711**

2. Principal Place of Business      3. Mailing Address

**642 - 7th Ave N.**      Suite, Apt. #, etc.

City & State      City & State

**Tampa Verde FL**      **SAINT PETERSBURG FL**

Zip      Country      Zip      Country

**33715**      **Pinellas**

4. FEI Number      Applied For

**59-3560874**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

☐      ☐

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KIRCHNER, PHAELA B 4905 34TH STREET SOUTH SAINT PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIRCHNER, JOHN C 4905 34TH STREET SOUTH SAINT PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Phaela B. Kirchner**      **Phaela B. Kirchner**      1-3-01      727-866-8632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)